

County _____

ASSESSOR'S OFFICE POSITIONS

Total number of budgeted positions (including vacancies) for 2009-2010 _____

[illegible]

County _____

**ASSESSMENT APPEALS BOARD
AND
HEARING OFFICER**

If your county has appointed an assessment appeals board(s) to hear property tax appeals, or hearing officers to hear appeals, please provide the requested information.

☐ No appeals board(s) appointed. County board of supervisors sits as the local board of equalization. Skip to next section.

☐ No hearing officers appointed. Skip section on hearing officers.

Assessment Appeals Board(s)

Member's Salary \$ _____ per _____
Session, hour, day, etc.

Other compensation: _____
Mileage, meals, etc.

Comments: _____

Hearing Officer(s)

Officer's Salary \$ _____ per _____
Session, hour, day, etc.

Other compensation: _____
Mileage, meals, etc.

Comments: _____

County _____

RETIREMENT BENEFITS

☐ No employee retirement benefits available. Please skip to next section.

Retirement Systems (for example, CalPERS, 1937 Retirement Act)

Retirement Formula (for example, 2% @ 55)

Percent/Amount Paid by County and Employee

Percent/amount paid by county: _____

Percent/amount paid by employee: _____

Social Security and Medicare

Percent/amount paid by county: _____

Percent/amount paid by employee: _____

County _____

EMPLOYEE HEALTH BENEFITS

☐ No employee health benefits available. Please skip to next section.

Medical

Amount or percentage paid by county: _____

Amount or percentage paid by employee: _____

Dental

Amount or percentage paid by county: _____

Amount or percentage paid by employee: _____

Vision

Amount or percentage paid by county: _____

Amount or percentage paid by employee: _____

Miscellaneous

Please explain: _____

County _____

EMPLOYEE LEAVE BENEFITS

☐ No employee leave benefits available. Please skip to next section.

Vacation

Amounts/Accrual Times: _____

Sick Leave

Amounts/Accrual Times: _____

Annual Leave

Amounts/Accrual Times: _____

Leave Buy-Back Program

Provisions: _____

Other Types of Leave

Type/Provisions: _____

Paid Holidays

Number of paid holidays per year: _____

County _____

EMPLOYEE MISCELLANEOUS BENEFITS

Please check applicable boxes and provide details on other employee benefits available in your county.

- ☐ Public Transit Subsidy: _____
- ☐ Life Insurance: _____
- ☐ Disability Insurance: _____
- ☐ Tax Deferred Plans: _____
- ☐ Tax Reimbursement Plans: _____
- ☐ Education Reimbursement: _____
- ☐ Professional Designation Incentive: _____
- ☐ Professional Dues Reimbursement: _____
- ☐ Pay Incentive SBE Advanced Certification: _____
- ☐ Bilingual Pay Differential: _____
- ☐ Travel Expenses: _____
- ☐ Car Allowance: _____
- ☐ Legal Services: _____
- ☐ Athletic Club Membership: _____
- ☐ Longevity Pay: _____
- ☐ Counseling Services: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

County _____

Questionnaire completed by:

Name: _____

Telephone Number: _____

E-mail Address: _____

Return the completed questionnaire by April 30, 2010 either:

Mail to: Ms. Terry Leung
State Board of Equalization
County-Assessed Properties Division
P. O. Box 942879, MIC: 64
Sacramento, CA 94279-0064

or

Email : terry.leung@boe.ca.gov